

## STAKEHOLDER ADVISORY COMMITTEE (SAC)

### ADOPTED DECISION MAKING PROCESS

The two key products to come out of the SAC's work are:

- ❑ Land Use recommendations for site and area, and
- ❑ Health Care recommendations for site, area, and downtown.

The lead City department supporting the work of the Stakeholder Advisory Committee is Planning, Building, and Code Enforcement. The SAC is facilitated by the Redevelopment Agency on behalf of Planning. The facilitator is responsible for preparation of agendas and conduct of the SAC meetings.

### Objective Criteria

The SAC is expected to make a set of recommendations related to Land Use and Health Care. These recommendations will be taken to the Planning Commission for their review and then to the City Council for their consideration. To ensure a successful agreement, collectively those recommendations must meet the following three criteria;

- ❑ ***Addresses local health care needs-*** As appropriate for site, consistent with health care demand analysis, etc.
- ❑ ***Supports the existing neighborhood and business district-*** Provides neighborhood sensitive and neighborhood-oriented uses, e.g. retail, trail connections, etc.
- ❑ ***Creates Value for Property Owner-*** Market-based land uses sufficient to justify development of site.

Whether or not a given set of proposed recommendations meets the three criteria can be evaluated in two ways:

- 1) Outside expert analysis; the land use and health care (and if needed real estate appraisal) consultants will provide an expert opinion on how well any particular set of recommendations meets the three criteria.
- 2) Consensus agreement -The SAC itself is composed of members who are representative of all interests outlined above; Health Care, Neighborhoods, Businesses, and Property Owner. To the extent that the SAC can come to agreement on a set of recommendations in a manner that takes into account all these perspectives this is also the basis for a successful agreement.

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### Proposed Decision Making Process

Given the above, the proposed decision making process for the SAC is consensus based and informed by expert analysis. The SAC will use the consensus triangles (introduced earlier in the meeting) as a way of judging the level of consensus around a proposal or set of proposals. Each Stakeholder on the Committee has the option of displaying either Green (agreement) Yellow (neutral) or Red (disagreement) when presented with a proposal. Any given proposal or set of proposals will be considered a formal recommendation of the SAC if it meets the following consensus based thresholds:

- 1) **Strongest Recommendation-Consensus:** All (15) SAC members present are in agreement (green) or neutral (yellow).
- 2) **Strong Recommendation – Near Consensus:** at least 2/3 (10+) SAC members present are in agreement (green) or neutral (yellow) **and** in all four interest groups there is at least one member who is in agreement (green) or neutral (yellow)
- 3) **Recommendation- General Agreement:** at least a majority (8+) SAC members present are in agreement (green) or neutral (yellow) **and** in all four interest groups there is at least one member who is in agreement (green) or neutral (yellow)
- 4) **Community Support** This type of recommendation may be used if a majority of the health care and neighborhood and business subgroups are in favor of a recommendation but the property owner is opposed. At that time, a special negotiating session will be held in which one person selected from each group meets as a committee with the owner's representative to try to resolve the impasse. If the negotiations produce an agreement ratified by the other members of the subcommittees, it goes forward, probably as a "strongest" or "strong" recommendation. If the negotiations fail, the recommendation goes forward as a "community support" recommendation despite the property owner's objections.

Any proposal meeting one of the four above levels of support will be considered a formal recommendation of the SAC. All other proposals not reaching consensus, near consensus, general agreement, or community support will be considered in the notes as "proposals considered" by the SAC but will not be forwarded to either the planning commission or City Council as a recommendation.

In order for the above decision making framework to function effectively the SAC has taken two actions:

- 1) Each member of the SAC has identified their primary interest and maintain that affiliation throughout the duration of the SAC i.e; health care, neighborhood, business, or property owner. Enclosed is the list of SAC members with a primary interest assigned.
- 2) The SAC as a whole has adopted the decision making framework by consensus.

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**FORMER SAN JOSE MEDICAL CENTER SITE  
STAKEHOLDER ADVISORY COMMITTEE MEMBERSHIP**

#	Representative	Organization	Primary Interest
1	Bob Brownstein	Working Partnerships	Health Care
2	George Chavez	East Santa Clara Business Association	Business
3	Roz Dean	Coalition for a Downtown Hospital	Health Care
4	Jody Hansen/Pat Dando	Silicon Valley Chamber of Commerce	Business
5	Dennis Hickey	San Jose Downtown Association	Business
6	Nancy Hickey	University Neighborhoods Coalition	Neighborhood
7	Les Levitt	Naglee Park Campus Community Association	Neighborhood
8	Jim Murphy	SCV Health & Hospital System	Health Care
9	Julia Ostrowski	13 <sup>th</sup> Street NAC	Neighborhood
10	Joe Pambianco	Julian St. James Neighborhood Association	Neighborhood
11	Patti Phillips	Horace Mann Neighborhood Association	Neighborhood
12	Andrew Reid	SEIU- United Healthcare Workers West	Health Care
13	Gary Schoennauer	HCA	Property Owner
14	Paula Velsey	Five Wounds Brookwood Terrace NAC	Neighborhood
15	Ernie Wallerstein	San Jose Medical Group	Health Care

Health Care	5
Business	3
Neighborhood	6
Property Owner	1
<b>TOTAL</b>	<b>15</b>